

FILED JAN 30 1956

STANDARD CERTIFICATE OF DEATH

State File No. 4431

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE Missouri b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Rt 3	c. LENGTH OF STAY (In this place) 12 hrs	c. CITY OR TOWN St Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Rt 3 St Charles		e. STREET ADDRESS (If rural, give location) 5592 Easton Ave 22671	

3. NAME OF DECEASED (Type or Print)	a. (First) Robert	b. (Middle) H	c. (Last) Laemmel	4. DATE OF DEATH (Month) (Day) (Year) Jan. 19 1956
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5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced	8. DATE OF BIRTH Aug. 17 1898	9. AGE (In years last birthday) 57	F UNDER 1 YEAR Months 5	F UNDER 1 YEAR Days 2	F UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) T.V. & Radio repair	10b. KIND OF BUSINESS OR INDUSTRY T.V. Service	11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John H Laemmel	13b. MOTHER'S MAIDEN NAME Louise Urban	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	(If yes, give war or dates of service) World War I	16. SOCIAL SECURITY NO. 488-342-672	17. INFORMANT'S SIGNATURE OR NAME Madelene Wagner	ADDRESS St Louis Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) A hose from the exhaust pipe into car window.		
	ANTECEDENT CAUSES DUE TO (b) Suicide		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		9731	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE suicide (Specify)	21b. PLACE OF INJURY (e.g., in or about house, farm, factory, street, etc.) Hwy B. Ste 3	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Charles St. Charles
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Jan, 18-56 6P	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? A hose from the exhaust pipe into car window
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:00 Pm., from the causes and on the date stated above.

23a. SIGNATURE <i>Mavis Munday</i>	(Degree or title) Coroner	23b. ADDRESS Wentzville, MO	23c. DATE SIGNED Jan. 24-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 25 1956	24c. NAME OF CEMETERY OR CREMATORY Val Halla Cemetery	24d. LOCATION (City, town, or county) (State) St Louis Mo
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DATE REC'D BY LOCAL REG. Jan 25 1956	REGISTRAR'S SIGNATURE Fannie Hamilton	25. FUNERAL DIRECTOR'S SIGNATURE Jay B. Smith	ADDRESS Maplewood Mo
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(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

JAN 31 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No..... working under my personal supervision..

Student..... Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3151

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.